

# MORGAN COUNTY ADULT DETENTION CENTER INMATE GRIEVANCE

TIME

DATE FILED

## FACILITY USE ONLY

INMATE LAST NAME	FIRST	MI	BOOKING NUMBER	DATE OF BIRTH	CELL ASSIGNMENT
Johnson	Lester	M	2014000537	3-3-79	B-8

I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member.

If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator.

I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top.

Explain in clear and plain language what your grievance is, and what you want done to resolve this issue.

Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly.

## INMATE GRIEVANCE

about A month ago I had a incident and Had some problem with my hand This had happen in The month of Jan I asked For medical attention & The only medical attention I got was only a Ice Bag on my hands I asked could I go to the Hospital to get xrays on my hands And I was told that It would Happen By the Officers but it neve happend and they saw that my hands where in pain and I layed in pain for weeks and now I am Haveing problem with my hand still today.

INMATE SIGNATURE

Lester Johnson

DATE

3/6/15

## OFFICIAL USE ONLY

RECEIVED BY DSN

W 2940

DATE

3-10-15

TIME

13:20

## ADMINISTRATOR/DESIGNEE RESPONSE

3/9/15 In medical's in-box.

4/17/15 Physical altercation i Shame Worthey which was not known about until Worthey called the tower stating he needed medical attention.

4/17/15 Jail staff did medical protocol i Jr. was notified, i ordered ICE pack & Tylenol for 2 days.

4/21/15 Saw Jr. Joerry as followup to the fight. Ibuprofen ordered for 7 days. Note refused the Ibuprofen 4/26/15.

Has not put in any requests for medical care except on

ADMINISTRATOR/DESIGNEE

GRIEVANCE NUMBER

DATE

4/17/15. Sees medical staff. 5 out of 7 days per week i

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance.

no complaints verbalized nor request for any further care. Chaudson RN. Thats because of what I got not

"primitive damages"

DATE FILED

### CELL ASSIGNMENT

B-8

DATE \_\_\_\_\_

3-3-15

## TIME

## DATE \_\_\_\_\_

Case 2:15-cv-04118-BCW Document 1-1 Filed 05/18/15 Page 2 of 10

w/ meds The officer and the nurse did not come back at all none that day  
to give me my meds and ~~and~~ all that night I was sick and in pain, did no one  
return with my meds And That's not right. my meds are very important to me  
I need to take them everyday If I don't have them it cause ~~the~~ Health  
problems for me like on 3-3-15 This is not right I should not  
have to go through this. This is not a game this is my life!

~~W/ messes~~ ↓  
MC TERENCE HAWKINS  
Aleen Mummert

~~Patricia~~ Patricia Mummert

Stefan Williams



# MORGAN COUNTY ADULT DETENTION CENTER INMATE GRIEVANCE

TIME

8:00 Am

DATE FILED

2-15-15

## FACILITY USE ONLY

INMATE LAST NAME	FIRST	MI	BOOKING NUMBER	DATE OF BIRTH	CELL ASSIGNMENT
Johnson	Lester	M	2014000531	<del>03-3-79</del> 3-3-79	B-8

I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member.

If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator.

I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top.

Explain in clear and plain language what your grievance is, and what you want done to resolve this issue.

Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly.

## INMATE GRIEVANCE

On Sunday Feb 15-2015, My Wife Came here to visit me. She was cleared, And was also Arrested, Booked in. She was falsely Accused of trying to send drugs thru the MAIL to me in A Valentine's day Card. She was Forced to dress out in County oranges After being Fingee Printed and made to take A Shower. She was then held in Booking for Three hours. My wife is in No way involved in drugs And would Not Jeopardize her Freedom or My Childrens well-being For anything this Foolish.

INMATE SIGNATURE

*Lester Johnson*

DATE

2-15-15

## OFFICIAL USE ONLY

RECEIVED BY DSN

DATE

TIME

## ADMINISTRATOR/DESIGNEE RESPONSE

ADMINISTRATOR / DESIGNEE

GRIEVANCE NUMBER

DATE

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance

I never received any notice of mail being confiscated and the card was never returned. My wife has been subjected to humiliation of the worse kind I feel this has been a personal attack on me + my wife. The pain and suffering is more than she should have been put thru. Mental Anguish like this can do a life time of damage. The actions of my past are just that, a thing of my past. My family should never be put thru this kind of treatment. My wife will be in contact with the proper authorities on this matter. She will also be contacting our attorney. I want my visits to be returned to me. I also want an apology to me and my wife for being treated this way I also want to know how long for these "lab test" to be back and what they are testing for. My wife and I have given our lives to Christ. We shouldn't have this kind of stress added to us. We need this time to focus on God and my case, and our children as well that mean so much to us. IF there was any type of drugs or person you should have tested it first and then made an arrest. We don't condone this or any other such behavior.

**MORGAN COUNTY ADULT DETENTION  
CENTER INMATE GRIEVANCE**

TIME

DATE FILED

6:30 A.M. 3-18-15

**FACILITY USE ONLY**

INMATE LAST NAME	FIRST	MI	BOOKING NUMBER	DATE OF BIRTH	CELL ASSIGNMENT
Johnson	Lester	M	20140001537	3-3-79	B-C-8

I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member.

If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator.

I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top.

Explain in clear and plain language what your grievance is, and what you want done to resolve this issue.

Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly.

**INMATE GRIEVANCE**

On Wednesday ~~day~~ 3-18-15 at 6:30 AM or close to this time I Lester Johnson was given a used razor with hair and some blood as well as some rust, to shave with. The Officer said "That one must been ~~been~~ used." I ~~then~~ Then we all said "How could you give these to us And he said here do you want another one, And we all said no Thank you". And asked him how can he do this to us. So I'm feeling like this has happen to us all so many times. And This is not right and unsanitized and not healthy something need to be done about this. This is not right, Used Razors, On healthy for

INMATE SIGNATURE

Lester Johnson

DATE

3/18/15

Rec.  
OB  
—

**OFFICIAL USE ONLY**

RECEIVED BY DSN

7938cs

DATE

3-19-15

TIME

19:01

**ADMINISTRATOR/DESIGNEE RESPONSE**

ADMINISTRATOR / DESIGNEE

GRIEVANCE NUMBER

DATE

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance

Mr. [Signature]

MR. TERENCE L. HAWKINS

Calen Mummert

[Signature]

Stephen Williams

Michael Miller

[Signature]

Lernon V DeWitt

John Schanck

Mike Reversum

[Signature]



# MORGAN COUNTY ADULT DETENTION CENTER INMATE GRIEVANCE

TIME

DATE FILED

## FACILITY USE ONLY

INMATE LAST NAME	FIRST	MI	BOOKING NUMBER	DATE OF BIRTH	CELL ASSIGNMENT
Johnson	Lester	M	20140001537	3-3-79	8-B

I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member.

If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator.

I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top.

Explain in clear and plain language what your grievance is, and what you want done to resolve this issue.

Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly.

## INMATE GRIEVANCE

On 3/3/15 A 1st Class Priority mail Package tracking number is 28714403220099 was mailed At Ashland, Mo. Post Office and was to delivered by mail lady MS. Nancy. The Priority 1st Class mail tracking number 28714403220099 was delivered to Morgan County Post office Thursday 3/5/15 And was delivered to Morgan County Jail For Federal detainee (Mr. Lester Johnson) on 3/6/15, whom did not receive the 1st Class Priority Mail at all! The 1st Amendment of The United States Constitution entitles Prisoners to receive and send mail, see Martin v. Tyson, 845 F 2d 1451, 1456-57 (5th Cir. 1988) Cert. denied, 488 U.S. 863 (1988). See Gaurardo v. Estelle, 580-F2d 748,

INMATE SIGNATURE

DATE

*Lester Johnson*

3/8/15

## OFFICIAL USE ONLY

RECEIVED BY DSN	DATE	TIME
2933	3/8/15	1640

## ADMINISTRATOR/DESIGNEE RESPONSE

ADMINISTRATOR / DESIGNEE	GRIEVANCE NUMBER	DATE

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance



# MORGAN COUNTY ADULT DETENTION CENTER INMATE GRIEVANCE

TIME

DATE FILED

## FACILITY USE ONLY

INMATE LAST NAME <u>L. Johnson</u>	FIRST <u>Lester</u>	MI <u>M</u>	BOOKING NUMBER <u>20140001537</u>	DATE OF BIRTH <u>3-3-79</u>	CELL ASSIGNMENT <u>B-8</u>
---------------------------------------	------------------------	----------------	--------------------------------------	--------------------------------	-------------------------------

I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member.

If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator.

I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top.

Explain in clear and plain language what your grievance is, and what you want done to resolve this issue.

Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly.

## INMATE GRIEVANCE

758-59 (5TH Cir. 1978), Clarified on other grounds by McFarland v. Leyh (Inte Texas Gen. Petroleum Corp.), 52 F3d 1330 (5TH Cir. 1445).  
I will like To Have my mail IF I may Please!

INMATE SIGNATURE

DATE

## OFFICIAL USE ONLY

RECEIVED BY PSN

DATE

TIME

## ADMINISTRATOR/DESIGNEE RESPONSE

ADMINISTRATOR / DESIGNEE

GRIEVANCE NUMBER

DATE

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance

S. Lester Johnson

SCREENED BY  
7-11-15

U.S. District Court  
400 E 9th St  
Kansas City, Mo 64106

RECEIVED

2015 MAY 18 AM 11:26

CLERK, U.S. DIST. COURT  
WEST. DIST. OF MO  
KANSAS CITY, MO

84106



U.S. POSTAGE  
PAID  
ASHLAND, MO  
65010  
MAY 14 2015  
AMOUNT

\$1.40  
00013537-03